

Local Education Agency (LEA) Plan for Highly Qualified Teachers 2006-2007 School Year

LEA NAME / LEA CODE

SUPERINTENDENT NAME (PRINT OR TYPE)

SUPERINTENDENT SIGNATURE / DATE

NAME OF DESIGNATED POINT-OF-CONTACT

CONTACT PERSON'S TELEPHONE NUMBER

CONTACT PERSON'S E-MAIL ADDRESS

PLAN APPROVED BY (PERSON OR ENTITY) / DATE OF APPROVAL

PLAN APPROVED BY (SDE STAFF) / DATE OF APPROVAL

I. NEEDS ASSESSMENT: Enter LEA-level **data from the 2005-2006 school year** for the following elements from the 2006 Report Card.
(See instructions regarding data sources on Page 2 of Guidance for LEA Plans.)

Teachers With Emergency or Provisional Credentials	Year	Percentage	Comments
	2006		
	2005		
Percentage of Core Academic Subject Classes Taught By Teachers Who Are NOT Highly Qualified	Year	Percentage	Comments
	2006		
	2005		

Add any other data for the LEA that establishes needs related to ensuring that all core academic subject teachers are highly qualified.

II. CORE ACADEMIC TEACHERS NOT HQT: Using the following chart, **identify the core academic subject teachers that are NOT highly qualified and core academic subject classes taught by teachers that are NOT highly qualified** for each attendance center (You may need to duplicate this page.) In the “Summary” section below, briefly describe highly qualified teacher needs in the LEA. Complete a chart for each attendance center based on the data from the 2006-07 “highly qualified report.” (See instructions and an example on Pages 2-3 in Guidance for LEA Plans. Add lines to expand the chart, as needed.).

School Name: _____

Percentage of Core Academic Subject Classes Taught By Highly Qualified Teachers in this School	Percentage	Comments

Funding source to be used to help teachers become HQT: _____

Teacher Name	Grade(s)	Subject & # of classes taught	Plan of action to become HQT	Intended date of completion	Notes/comments

SUMMARY:

III. LEA ASSURANCES RELATED TO HIGHLY QUALIFIED TEACHERS: Place a checkmark in front of each of the four assurances below to indicate that LEA administrators are aware of the compliance issue and that the LEA is in full compliance. Please note that the LEA superintendent's signature is required at the bottom of this page. (See instructions on Page 6 of Guidance for LEA Plans.)

- All teachers will be assigned to teach a grade level(s) and subject(s) for which the teacher holds proper South Dakota certification and for which the teacher has been deemed highly qualified.
- The LEA has established procedures for developing individual teacher plans that provide for clear and direct communication between the LEA and individual teachers.
- The LEA will notify, annually at the beginning of the school year, parents of each student attending each school that receives Title I, Part A funds that the parents may request and the LEA will provide, in a timely manner, information regarding the professional qualifications of the student's teachers in accordance with Section 1111(h)(6)(A).
- The LEA will ensure that each school that receives Title I, Part A funds provides to each parent timely notice that the parent's child has been assigned, or has been taught for four or more consecutive weeks by, a teacher who is not highly qualified. [See Section 1111(h)(6)(B)(ii)] (NOTE: Letters must be sent when **the student is assigned** to a non-highly qualified teacher. If a teacher change during the school year results in a student's class being taught by a non-highly qualified teacher, parents of each student in the class must be notified no later than the date by which students have been taught for four consecutive weeks.)

LEA Superintendent Name

LEA Superintendent Signature

Date

IV. INDIVIDUAL TEACHER PLAN FOR ACHIEVING HIGHLY QUALIFIED STATUS

Teacher Name _____ Teacher's Assignment _____
Subject and grade(s)

School Name _____ District Name _____

_____*(Teacher Name)* is properly certified for the teaching assignment indicated above. As of the date of this agreement, _____*(Teacher Name)* has not demonstrated core academic subject knowledge and teaching skills through an approved state option. During the 2006-2007 school year, _____*(Teacher Name)* will use the following option to achieve highly qualified teacher status: *(Place a checkmark in front of the option that will be implemented.)*

_____ Elementary Praxis II test (code #0014)

_____ Middle/secondary checklist: (Please note: All core content majors require a Praxis II test to add an endorsement or major.)

Check one option.

_____ Undergraduate academic major in the subject taught

_____ Graduate degree in the subject taught

_____ Subject-specific, state-approved Praxis II test for middle or secondary grades (code _____)

_____ *(LEA Name)*, through the leadership of _____ *(Name of LEA administrator)* will complete the following actions to facilitate accomplishment of the option indicated:

- *(Name and describe action, provide fund source(s) and amount(s), and provide completion date.)*

_____ *(LEA Name)* understands that the South Dakota Department of Education will provide oversight and monitoring for implementation of LEA and teacher plans for ensuring that all core academic subject teachers are highly qualified.

LEA Authorized Signature / Date

Teacher Signature / Date